

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030001

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 38

Primary Registration District No. 5120

Registrar's No. 502

STATE FILE NUMBER

FILED SEP 10 1962

## 1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

Columbia Township

Length of stay in 1b

instant

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

5 miles East Columbia

Inside Limits

Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Boone

admission)

c. CITY

OR  
TOWN

Columbia

Inside Limits

Yes ☐ No ☒

d. STREET

(If outside, give location)

Route 7

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Missouri

Last

Rena Pearl Breedlove

4. DATE

Month

Day

Year

DEATH

Sept. 3. 1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7/18/1938

## 9. AGE (last birthday)

24

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Stenographer

## 10b. KIND OF BUSINESS OR INDUSTRY

Bank

## 11. BIRTHPLACE (City and state or country)

Boone County, Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

John Breedlove

## 13b. MOTHER'S MAIDEN NAME

Lillie Cockrell

## 14. NAME OF HUSBAND OR WIFE

None

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

John R. Breedlove Hallsville, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Multiple extreme injuries of head, neck and chest

## INTERVAL BETWEEN ONSET AND DEATH

Immed.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☒

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Passenger in car involved in head-on

## 20c. TIME OF INJURY

Hour  
8:00

p.m.

Month, Day, Year

9-3-62

Collision - U.S. 40 5 mi. East of Columbia, Mo.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Auto accident

## 20f. CITY, TOWN, OR LOCATION

Columbia Township

## COUNTY

Boone

## STATE

Mo

## 21. I attended the deceased from

Coroner's case

and last saw her

him alive on

Death occurred at

8:00

p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Richard E. Johnson MD

## 22b. ADDRESS

Columbia, Mo

## 22c. DATE SIGNED

9-4-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

9/5/1962

## 23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

## 23d. LOCATION (City, town, or county)

Columbia, Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Lyman Sprinkle Columbia, Mo.

## 25. DATE RECD. BY LOCAL REG.

Sept 5 1962

## 26. REGISTRAR'S SIGNATURE

Mrs R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300  
Rev. 4/59

10/00

20/00

3

4

1

5

0

6

7

0

8

2

9

X

10

11

010

12

71-0

13

3-0

OCT 16 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lyman Sprinkle

Licensed Embalmer No. 4613

P. O. Address Columbia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.